

Commercial Pesticide Application Record

Remember Backflow Protection

Reference (RCW 17.21) A new form shall be filled out each day or time the pesticide tank mixture is modified during the day or each time the Sign Route or County is changed. This Record Must be Retained for 7 Years. This form must be completed on day of application.
WSDOT, Roadside Management Branch, P.O. Box 47358, Olympia, WA 98504-7358. Phone (360) 705-7853.

Contract Number		County		Date of Application		Day of Week		Start _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
								Finish _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
SR		Description of Area Treated				Station to Station			
Check Appropriate Boxes <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> NB <input type="checkbox"/> EB</div> <div style="width: 33%;"><input type="checkbox"/> Median</div> <div style="width: 33%;"><input type="checkbox"/> Roadside</div> <div style="width: 33%;"><input type="checkbox"/> Interchange</div> <div style="width: 33%;"><input type="checkbox"/> Spot Spray</div> <div style="width: 33%;"><input type="checkbox"/> Aquatic</div> <div style="width: 33%;"><input type="checkbox"/> SB <input type="checkbox"/> WB</div> <div style="width: 33%;"><input type="checkbox"/> Landscaped Area</div> <div style="width: 33%;"><input type="checkbox"/> Rest Area</div> <div style="width: 33%;"><input type="checkbox"/> Bridge</div> <div style="width: 33%;"><input type="checkbox"/> Blanket Spray</div> <div style="width: 33%;"><input type="checkbox"/> Wetlands</div> <div style="width: 33%;"><input type="checkbox"/> Shoulder</div> <div style="width: 33%;"><input type="checkbox"/> Park-n-Ride</div> <div style="width: 33%;"><input type="checkbox"/> Ramp</div> <div style="width: 33%;"><input type="checkbox"/> Banded Width</div> </div>									
<input type="checkbox"/> Weeds <input type="checkbox"/> Brush <input type="checkbox"/> Noxious Weeds <input type="checkbox"/> Insects <input type="checkbox"/> Disease <input type="checkbox"/> Seed <input type="checkbox"/> Other List Pest(s): _____									
Temperature _____ °F(°C) Wind (Direction From) _____ Wind (Range) _____ mph(km/h) <input type="checkbox"/> Sunny <input type="checkbox"/> Broken <input type="checkbox"/> Overcast, No Rain <input type="checkbox"/> Light, Scattered Showers <input type="checkbox"/> Hard Showers									
Material Name	Manufacturer	EPA Reg. No.	Lot Number	Product Per Acre (hectare)	Active Ingredient per Acre(hectare)	Unit	Amount Per Tank	Total Daily Usage	Unit
	Oil (As Carrier)	Units: Ozd= Ounces Dry Lb= Pound g= gram kg=kilogram Ozl= Ounces Liquid Ga= Gallon ml=Milliliter L= Liter Pt= Pint Qt= Quart							
	Water Source								
No. of Tanks per Day _____ Tank Size _____ Gallons(liters). Total _____ Acres(hectares) Treated at _____ gallons(liters) of spray per acre(hectare).									
Equipment Information	Apparatus Number	Calibration Date	Vehicle Speed mph(km/h)	<input type="checkbox"/> Boom <input type="checkbox"/> Other (Specify) _____					
<input type="checkbox"/> Handspreader <input type="checkbox"/> Belly Grinder <input type="checkbox"/> Backpack		<input type="checkbox"/> Handgun <input type="checkbox"/> Manifold <input type="checkbox"/> Fixed Nozzle <input type="checkbox"/> Nozzle Cluster		<input type="checkbox"/> Tank Mix (Conv.) <input type="checkbox"/> Invert <input type="checkbox"/> Injection					
Nozzle Information	Model Number	Pressure PSI(kPa)	Number of Nozzles	Width of Spray Pattern Feet(meter)					
Business Name								Phone	
Address				City		State		Zip Code	
Applicator /Operator Name		Commercial Pesticide Lic. No.		Commercial Operator Signature					
Prime Contactor		Subcontractor		Inspector Name			Phone		
Remarks								Pesticide Sensitivity Registration Applies: <input type="checkbox"/> Yes <input type="checkbox"/> No	
								Contacts	
Division of Emergency Management (1-800-258-5990)									

Distribution: Operator
Project Engineer
State Maintenance (**State Maintenance copy must be sent within 5 days**)